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Original communication

Re-audit of clients from ethnic and local communities in Greater Manchester attending St. Mary's Sexual Assault Referral Centre

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Abstract

A re-audit was conducted at St. Mary's Sexual Assault Referral Centre to assess recording of clients' ethnicity, area of residence and assault type following training that drew on results of an initial audit. This also reassesses the ethnic and local community representation of clients in the light of more recent census data for Greater Manchester. Performances of recording ethnicity, area of residence, and assault type relevant to all new clients in 2003 ($n = 805$) were measured against standards. Figures relating to local and ethnic populations were also compared to 2001 census data as a guide. Recording clients' ethnicity improved considerably, but recording area of residence slipped just below standard, and recording assault type dropped markedly. Overall ethnic minority representation was above general population figures, but differences existed within communities. Manchester city resident clients were over-represented compared to other county boroughs. Numbers of all clients seen at the centre had increased sharply since the original audit. Staff training following the original audit appeared to improve recording of ethnicity, whilst the heavy drop in assault type was largely attributed to an increase of referrals where the clients were not fully unconscious during the assault. The high number of Black and dual-heritage clients accounted for the 'over-representation' of ethnic minorities, masking under-representation of other ethnic communities, especially Asians. The 'over-representation' of Manchester city residents was seen to persist.

Keywords: Rape; Sexual Assault Referral Centre; Ethnic origin; Audit

1. Introduction

1.1. Sexual Assault and Referral Centres in England and Wales

In 2003/4 there were 13,247 rapes (of females and males, and including attempts) recorded by the police in England and Wales, and a further 30,779 indecent assaults.[7] In 10 police forces areas Sexual Assault Referral Centres (SARCs) exist at which victims can be forensically examined and access a range of aftercare services that vary from SARC to SARC. St. Mary's Centre was the first Sexual Assault Referral Centre in the UK, established in 1986. Forensic medical examinations of sexual assault victims are carried out at the Centre for Greater Manchester Police, and clients can also access other medical aftercare services, counselling and other support. This comprehensive and co-ordinated service is a partnership of Greater Manchester Police, Greater Manchester Police Authority, and Central Manchester and Manchester Children's University Hospitals NHS Trust. Females and males resident in, or assaulted in, Greater Manchester can access the centre's services regardless of whether they report the incident to the police or not.

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1.2. Background to the initial audit

In 2002 an audit was conducted of records and the representation of ethnic and local communities in the client group of the St. Mary's Sexual Assault Referral Centre in Manchester.[4] One outcome of the audit was a training session with the centre's crisis workers on record keeping, especially the items audited with particular regard to the recording of the ethnic origin of clients. The audit revealed ethnicity was not recorded in 13% of cases, almost half the trust-wide average of 32%, but more than twice the centre's own 5% target. The subsequent training suggested that in some cases the omissions were due to embarrassment in asking ethnic minority clients about their ethnicity. This re-audit was conducted to assess if the training led to improved record keeping. The original 2002 audit also looked at the representation in the centre client group of the local and ethnic communities that compose the Greater Manchester area, which the centre serves. At that time only 1991 census data was available to compare against the data collated from the 2001 cohort of centre clients. Since then the 2001 census data has become available, enabling a comparison of the contemporaneous samples.

The centre is publicised to the local population through leaflets at healthcare locations, e.g., GP surgeries and A&E departments, and by networking with and presenting to representatives from other health, social and justice agencies. The one piece of centre paperwork that is common to all clients is the Client Detail Sheet, and so the completion of this document was chosen for scrutiny with respect to record keeping. It is also the only place where ethnicity and area of residence is written for each client.

1.2.1. Summary of standards

(I) For all clients seen by St. Mary's:
  (i) ethnicity should be recorded on the Client Detail Sheet;
  (ii) the area of residence should be recorded on the Client Detail Sheet;
  (iii) the type of sexual assault should be recorded on the Client Detail Sheet and the forensic medical examination form.

  Recording this information in 95% or more of cases is considered acceptable

(II) The St. Mary's service should be available to sexual assault complainants:
  (i) from all geographical areas of Greater Manchester;
  (ii) from all ethnic communities.

1.3. Use of public services by ethnic groups in Britain

The representation of ethnic minorities as both offenders and victims in sexual crime was discussed in McLean.[4] In general minorities under-report assaults in comparison to their community size, except for black women, which was a finding borne out by the original audit.[4] Despite this, the British crime survey found that fear of rape is much stronger in the ethnic minorities; 29% of Pakistani/Bangladeshi, 31% of Black, and 32% of Indian respondents reported themselves as 'very worried' about being raped compared to 17% of White women.[2] In terms of health service use, ethnic minorities access hospital services as much as the general population, apart from the lower rates of in, out and day-patient attendance rates in the Chinese community.[3] However, given the numerous poor health indicators for many ethnic groups, access ought to be higher. Primary care access varies across communities, for example Asian men and Pakistani and Bangladeshi women are the groups most likely to have seen a doctor in the past six months, with women more likely than men to have seen a doctor within each of the groups.[10]

But, the quality of the service ethnic minorities received having accessed services is reported as being less favourable than the general population,[1] which may impact on the continued use of services. Barriers facing would-be service users from ethnic minorities have been identified as including lack of awareness, language/literacy difficulties, cultural differences (such as religious, gender role expectation), and the location of the service.[11]

2. Methodology

2.1. Aims

The National Institute for Clinical Excellence states that:

> 'Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change'. (p. 1,[6])

In accordance with this principle, the overall aim of this re-audit was to assess if the training following the results of the initial audit improved the service offered by St. Mary's Sexual Assault Referral Centre. To do this there were two main aims, to:

(1) ascertain how often information on ethnicity, residence, and assault type is recorded and compare to earlier findings (Standard I);
(2) and determine the ethnicity and domicile of the population accessing the centre over time and compared to recent census data, in order to ensure relevant service provision (Standard II).

2.2. Participants

This re-audit uses two cohorts of St. Mary's Centre clients, all those from 2001 and all from 2003. The former was chosen as the most recent complete year to the com-

pletion of the initial audit, and the latter was chosen as the complete year immediately after the initial audit and the subsequent training. 2001 census data for Greater Manchester was also used.[9] The 2001 cohort was composed of 653 clients, of which 601 (92%) female and 52 (8%) male. There were 453 (69%) police-referred clients, and 200 (31%) self-referred. The 2003 cohort was composed of 805 clients, of which 758 (94%) female and 47 (6%) male. In that year 559 (69%) were police-referred and 246 (31%) were self-referred.

2.3. Materials

Completion of the Client Detail Sheet (specifically the recording of client ethnic origin, area of residence and assault, and type of alleged sexual assault) were measured against Standard I. The new form of coding ethnic origin defined in Data Set Change Notice 02/2001[5] was implemented on 1/4/2001, consequently the way in which St. Mary's client ethnicity was coded changed during the year of study. For this reason, and due to the use of inaccurate or unofficial ethnic categories, the categories of ethnic origin in this re-audit were as follows: White British; White Irish (not in 2001); other White; White/Black Caribbean; White/Black African; White/Asian; other mixed ethnic origin; Indian; Pakistani; Bangladeshi; other Asian origin; Black Caribbean; Black African; Black British (not in 2003); Chinese; and all other ethnic groups.

The Client Detail Sheet contained the client's address. For the purpose of the audit the area of residence of clients was derived from this. For GM resident clients area was recorded as the metropolitan boroughs of GM (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford, and Wigan), and 'no fixed abode' for clients living in GM either temporarily or who were between addresses. All clients resident outside of GM were grouped together.

3. Results

3.1. Ethnic origin

Table 1 records details of the recording of client ethnicity at St. Mary's Centre, and the ethnic make-up of Greater Manchester according to the 2001 census.[9] In 2001 ethnic origin was not recorded for 85 out of 653 clients (13%).

Table 1
Record keeping for ethnic origin, St. Mary's Centre clients in 2001 and 2003

Ethnic Group	GM – census 2001		St. Mary's Centre clients					
			2001		2003		Change[b]	
	N	%	*N*	%	*N*	%	*N*	%
White British	2,183,096	87.9	509	89.6	644	85.2	+135	−4.4
White Irish	42,646	1.7	[a]	[a]	3	0.4	–	–
Other White	34,765	1.4	15	2.6	18	2.4	+3	−0.2
White Total	2,260,507	91.1	524	92.2	665	88.0	+141	−4.2
White/Black Caribbean	13,104	0.5	0	0.0	9	1.2	+9	+1.2
White/Black African	4860	0.2	0	0.0	3	0.4	+3	+0.4
White/Asian	8547	0.3	0	0.0	3	0.4	+3	+0.4
Other Mixed	6390	0.3	1	0.2	4	0.5	+3	+0.3
Mixed Total	32,901	1.3	1	0.2	19	2.5	+18	+2.3
Indian	35,931	1.4	1	0.2	1	0.1	0	−0.1
Pakistani	75,187	3.0	10	1.8	6	0.8	−4	−1.0
Bangladeshi	20,064	0.8	0	0.0	2	0.3	+2	−0.3
Other Asian	8836	0.4	4	0.7	2	0.3	−2	−0.4
Asian Total	140,018	5.6	15	2.6	11	1.4	−4	−1.2
Black Caribbean	16,233	0.6	2	0.3	4	0.5	−2	+0.2
Black African	10,255	0.4	9	1.6	47	6.2	38	+4.6
Black British	–	–	11	1.9	[a]	[a]	–	–
Other Black	3259	0.1	3	0.5	1	0.1	−2	−0.4
Black Total	29,747	1.2	25	4.4	52	6.9	−27	+2.5
Chinese	11,858	0.5	3	0.5	2	0.3	−1	−0.2
Other ethnic group	7297	0.3	0	0.0	7	0.9	+7	+0.9
Known ethnicity	2,482,328	100.0	568	100.0	756	100.0	–	–
Known ethnicity	–	–	568	87.0	756	93.9	+188	+6.1
Unknown ethnicity	–	–	85	13.0	49	6.1	−36	−6.9
Total	2,482,328	100.0	653	100.0	805	100.0	+152	+23.3

[a] This classification not used.
[b] 2003 figure minus 2001 figure, *except* 'Total', which is $152/653 \times 100$.

This fell to 49 out of 805 (6.1%) in 2003, a drop of 6.9%. Total representation of non-White clients at the centre rose from 7.8% in 2001 to 12% in 2003, well above the proportion of non-White residents in the GM population in 2001 (8.9%). Percentages in the 2001 and 2003 columns of centre clients are calculated excluding cases in which ethnicity was not recorded.

3.2. Area of residence

Residency area was not recorded in the notes of 41/805 (5.1%) clients in 2003, compared to 24/653 (3.7%) in 2001. Of those clients for whom area of residency was recorded, the proportion resident in Greater Manchester remained almost static, increasing just 0.6% (see Table 2 for details). GM borough residency rates of centre clients and total borough populations in 2001 are shown in Table 3 and repeats the over-representation of Manchester city residents seen in the initial audit's comparison with the 1991 census data.[4]

3.3. Assault type

The proportion of clients seen at the centre for which an assault type was not recorded was much higher in 2003 than in 2001, almost doubling from 12.7% to 24.6% of all cases. This increase was seen equally in both police and self-referrals. Overall there were 473 declared rape cases seen at the centre in 2003 (58.8% of all cases or 77.9% of cases in which type of sexual assault was known).

Table 2
Record keeping for area of residency, St. Mary's Centre clients in 2001 and 2003

Group	2001		2003		Change[a]	
	N	%	*N*	%	*N*	%
Bolton	44	6.7	68	8.4	+24	+1.7
Bury	30	4.6	34	4.2	+4	−0.4
Manchester	191	29.2	245	30.4	+54	+1.2
Oldham	50	7.7	56	7.0	+6	−0.7
Rochdale	33	5.1	46	5.7	+13	+0.6
Salford	66	10.1	61	7.6	−5	−2.5
Stockport	63	9.6	63	7.8	0	−1.8
Tameside	39	6.0	68	8.4	+29	+2.4
Trafford	30	4.6	48	6.0	+18	+1.4
Wigan	49	7.5	49	6.1	0	−1.4
Total residents of GM boroughs	595	100.0	738	100.0	–	–
Known residents of GM boroughs	595	91.1	738	91.7	+143	+0.6
Known GM homeless/ temporary	2	0.3	5	0.6	+3	+0.3
Known residency area outside GM	32	4.9	21	2.6	−11	−2.3
Known residency area	629	96.3	764	94.9	+135	−1.4
Unknown residency area	24	3.7	41	5.1	+17	+1.4
Total	653	100.0	805	100.0	+152	+23.3

[a] 2003 figure minus 2001 figure, *except* 'Total', 152/653 × 100.

Table 3
Proportion of St. Mary's Centre clients known to live in Greater Manchester boroughs in 2001 and populations of those boroughs at 2001 census

Group	Centre 2001		Census 2001		Difference[a]
	N	%	*N*	%	%
Bolton	44	7.4	261,037	10.5	−3.1
Bury	30	5.0	180,608	7.3	−2.3
Manchester	191	32.1	392,819	15.8	+16.3
Oldham	50	8.4	217,273	8.7	−0.3
Rochdale	33	5.5	205,357	8.3	−2.8
Salford	66	11.1	216,103	8.7	+2.4
Stockport	63	10.6	284,528	11.5	−0.9
Tameside	39	6.5	213,043	8.6	−2.1
Trafford	30	5.0	210,145	8.5	−3.5
Wigan	49	8.2	301,415	12.1	−3.9
Total	595	100.0	2,482,328	100.0	–

[a] Percentage of St. Mary's Centre clients known to live in each borough minus the percentage of total GM borough residents according to the 2001 census.

4. Discussion

4.1. Aim 1: recording ethnicity, area of residence, and assault type

The rate of unrecorded ethnicity halved following the training session that followed the initial audit, improving from recorded ethnicity in 87% of cases to 93.9%. Although this was just short of the 95% standard, the increase was dramatic and much larger than changes in any of the ethnic origin or area of residency categories. This suggests that much of the increase was due to improved efforts of record keeping rather than simply chance. Standard Ii appears on course to be met.

As Table 2 shows, in 2003 the rate of recording client addresses fell from 96.3% to 94.9%, 0.1% below the standard of 95%. The size of the slip does not suggest that there was a slip in record keeping diligence, especially considering the increase in total number of clients by nearly a quarter. As the giving of an address was entirely the choice of the client, such a small change is not concerning in itself. Of the 41 clients without addresses recorded, 18 (43.9%) were self-referrals and 22 (53.7%) attended for counselling only (i.e., no forensic medical examination), both factors previously identified as related to reduced information given by the client.[4] The slight decrease in the recording of residency area contrasts with the large rise in recording of ethnicity and so supports the possibility that the decrease was not due to poorer record keeping. Standard Iii is being maintained at the limits of what clients will permit.

The increase in the number of unknowns regarding assault type is dramatic; almost a doubling to 24.6% of all cases in 2003, and so nearly five times the maximum standard. It is at first sight surprising, especially compared against the improvement in recording ethnicity. However, since 2001 the number of clients reporting that they had

been the victim of a drug-facilitated sexual assault (DFSA) increased. The growing media attention to DFSA over that time and the increase in the average amounts of alcohol consumed by clients may account for much of the increase in unknowns since there were simply more clients unable to recall exactly what had happened to them. The fact that the number of unknowns increased at almost the same rate for both police and self-referrals supports that. Since there is a higher recording rate for this item in police cases (most self-referrals attend for counselling only and so there is no forensic medical examination form), a genuine reduction in recording efforts could be expected to appear more pronounced in self-referrals. The feasibility of a 95% standard of record keeping for this item should be reconsidered.

Rape and attempted rape cases accounted for 81.7% of clients for whom the assault type was known in 2003, whereas for England and Wales in 2003/4 rape accounted for only 30% of sexual offences reported to the police of a type that would be seen at St. Mary's Centre (Home Office crime statistics incorporate attempts into figures for rape.[7] This is unlikely to show a disparity between Greater Manchester and the wider country, rather it is a result of (a) partly disparity between how SARCs and police forces record offences, and (b) mainly the greater likelihood of referring to a SARC and/or having a forensic medical examination following a rape compared to an indecent assault.

4.2. Aim 2: service provision to all communities in Greater Manchester

4.2.1. Area of residency

Table 2 indicates that there was little fluctuation in the proportions of the various residency categories, the largest changes being the drop in Salford residents, the increase from Tameside (2.5 and 2.4% of all clients respectively), and the overall decrease in clients known to live outside Greater Manchester (2.3%). Notably, then, the large proportion of Manchester resident clients continued at around the 30% mark.

Data from the 2001 census was not available at the time of the initial audit and so 1991 data was employed. For completeness and accuracy, the 2001 client figures are compared in Table 3 to the actual population figures for the Greater Manchester boroughs in that year. Between 1991 and 2001 the population of Greater Manchester fell slightly from 2,499,441 to 2,482,328, but the proportion of the population living in the 10 metropolitan boroughs hardly altered; the biggest change being a 0.4% drop in the Manchester population.[8,9] The huge over-representation of Manchester resident clients in the total client group is evident, with the proportions of clients resident in other GM boroughs reasonably close to (if mainly short of) the populations of those boroughs.

Achieving Standard IIi remains ambiguous since the persistent and large over-representation of Mancunian residents suggests differences in the rate of sexual assault in the city compared to elsewhere in the county. GMP launched Project Nightingale in 2004, coalescing and updating policies on responding to sexual assaults and establishing a core team to maintain co-ordination for the force. Any differences that may have existed between divisions in GMP in approach to policing on sexual assault cases, should be replaced by this standardised directive.

4.2.2. Ethnic origin

Judging Standard IIii remains difficult since the true rate of sexual assault within different ethnic communities is not known. Further, the use of 1991 census data suggested that in 2001 the proportion of non-White clients at the centre (7.1%) was slightly greater than the proportion of non-White residents in Greater Manchester (5.9%). This re-audit used a larger sample of clients from 2001 (i.e., all those for whom ethnicity was known, not just those for whom ethnicity and residency area was known) and 2001 census data that was not available at the time. From this comparison it is evident that the converse was true. The proportion of non-White clients in 2001 (7.8%) was in fact slightly less than that of non-White residents of Greater Manchester (8.9%), according to the 2001 census.[9]

With respect to the change in ethnic make-up of the client group from 2001 to 2003, the increase in recording of ethnicity observed by this re-audit gives a clearer picture of the composition of the St. Mary's Centre client group. The extra 6.9% of clients for whom ethnicity was recorded in 2003 compared to 2001 were spread between the White, Mixed and Black categories, with the numbers for Chinese clients staying roughly the same. The proportion of non-White clients seen at the centre in 2003 was 12%, notably more than observed just two years before and than the proportion in the general population, as observed by the 2001 census. This seems to more than compensate for the apparent overstated representation of ethnic minorities in the centre's client group by the initial audit.

Excluding clients of Asian/other dual heritage (or mixed ethnicity), the total representation of Asian clients fell from 2.6% of centre clients to just 1.4%, whilst the 2001 census reported 5.6% of the population in Greater Manchester identified themselves as being of Asian origin. However, in the same period the total Black representation (again excluding dual heritage/mixed ethnicity clients) rose from 4.4% in 2001 to 6.5% in 2003, five times the 1.2% of the GM population that the 2001 census reports as Black. The main location of GM's Black communities is in Manchester, whereas there are significant Indian, Pakistani and Bangladeshi communities in Bolton, Oldham, and Rochdale as well as Manchester. It is possible, therefore, that the over-representation of Manchester city residents as a whole increases the proportion of Black clients. This requires further investigation.

These divergent patterns suggest social trends largely beyond the influence of St. Mary's Centre publicity within different communities, adding to the uncertainty over Standard IIii. The possibility of worsened relationships between the Asian communities and the police following the time

Table 4
Types of sexual assault reported by St. Mary's Centre clients in 2003

Referral source	Clients		Type of sexual assault, as recorded							
			Rape [a]		Attempted rape		Indecent assault		Unknown	
	N	%	N	%	N	%	N	%	N	%
Police	559	69.4	342	61.2	14	2.5	89	15.9	114	20.4
Self [b]	246	30.6	131	53.3	9	3.7	22	8.9	84	34.1
All	805	100.0	473	58.8	23	2.9	111	13.8	198	24.6

[a] Vaginal plus anal rape.
[b] Includes 'self-then-police' referrals.

Table 5
Change in recording rate of assault type in 2003 from 2001

Referral source	Clients		Type of sexual assault not recorded				
			2001		2003		Change[a]
	N	%	N	%	N	%	
Police	559	69.4	32	8.8	114	20.4	+11.6
Self [b]	246	30.6	35	21.3	84	34.1	+12.6
All	805	100.0	67	12.7	198	24.6	+11.9

[a] Percentage of unknowns in 2003 minus percentage of unknowns in 2001.
[b] Includes 'self-then-police' referrals.

focus of the initial audit (2001) should be considered, which may add a further barrier to those that may already be dissuading victims from some communities to disclose what has happened to them (see Tables 4 and 5).

5. Conclusion and action plan

Through this re-audit it has been possible to correct the estimates of the original audit using most recent census data, and establish the beneficial effect on service provision of the original audit and its action plan. Following the audit and consequent training session, some record keeping practices have improved but may limited by what information is made available to the staff at St. Mary's Centre. In particular, the recording of assault type is hampered by the client's ability to recall, not just what s/he chooses to disclose. This, therefore, places even more obligation upon the centre's team members, especially Crisis Workers, to faithfully record known information. Ethnicity statistics will be monitored at the centre on an on-going basis by including them in the centre's annual action plans and reports. Other, related, inclusions to the Client Detail Sheet are 'asylum seeker' and 'first language/interpreter used' categories. The experience and knowledge gained from these audits will be passed on to the wider Trust via the Patient Profiling Group.

With respect to serving the population of Greater Manchester, there have been increases in Black clients and clients of mixed ethnic origin (dual heritage) using the centre. But, since the incidence of sexual assault in different ethnic communities is not known and under-reporting from some communities is suspected, there may be scope for greater use of the centre by all ethnic and local communities. The location of services has been identified as a barrier to uptake by ethnic minorities, but when it is only possible to have one site serving a large geographical area then there will be losers and winners. For example, the central Manchester location of the centre might favour referrals from Mancunians compared to Wiganers, but it should by extension also favour referrals from some ethnic minority residents given the closeness of Rusholme and Moss Side.

A higher profile for the centre amongst these communities can be worked for through increased liaison with community groups. Yet it is important to recognise that the limits on this use are part of wider social factors, not just the publicity efforts of the centre – although these must be continued, developed, added to and strengthened. Research into the various decision-making processes behind disclosure is also required.

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